

Case Number:	CM14-0035144		
Date Assigned:	06/23/2014	Date of Injury:	10/14/2013
Decision Date:	08/07/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old man with a date of injury of 10/14/13. He underwent closed reduction of a shoulder injury and he completed 24 physical therapy visits after surgery. He was seen by his physician on 2/24/14 for his left shoulder fracture/dislocation, greater tuberosity fracture and left Lisfranc fracture. He was said to have slow improvement of his pain and stiffness with physical therapy. He had no numbness or tingling and he still had pain with activities. His shoulder exam showed swelling but no tenderness to palpation. His range of motion was forward flexion: 160 degrees, abduction 150 degrees, external rotation 50 degrees and internal rotation 30 degrees. His rotator cuff strength was 4/5. He had positive impingement signs. He was to continue with aggressive physical therapy for range of motion and strengthening. At issue in this review is the request for additional Physical Therapy, 12 visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Physical Therapy, 12 visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: In this case, the injured worker has already used 24 physical therapy visits as a modality and a self-directed home exercise program should be in place. There is indication that the claimant has made any significant progress with therapy. Therefore, the request for additional physical therapy, 12 visits for the left shoulder is not medically necessary and appropriate.